

<b>U.S. Department of Commerce Performance Progress Report</b>			<b>2. Award or Grant Number:</b>	38-10-513038
			<b>4. EIN:</b>	45-0309764
<b>1. Recipient Name</b>	State of North Dakota, Information Technology Department		<b>6. Report Date (MM/DD/YYYY)</b>	10/30/15
<b>3. Street Address</b>	600 East Boulevard Ave, Dept. 117		<b>7. Reporting Period End Date: (MM/DD/YYYY)</b>	9/30/15
<b>5. City, State, Zip Code</b>	Bismarck , ND, 58503		<b>8. Final Report</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>9. Report Frequency</b> Quarterly <input checked="" type="checkbox"/>
<b>10a. Project/Grant Period</b>				
<b>Start Date: (MM/DD/YYYY)</b>	9/1/13	<b>10b. End Date: (MM/DD/YYYY)</b>	2/28/18	
<b>11. List the individual projects in your approved Project Plan</b>				
	<b>Project Type (Capacity Building, SCIP Update,</b>	<b>Project Deliverable Quantity (Number &amp; Indicator Description)</b>	Total Federal Funding Total Federal Funding Percent of Total Federal Funding Available Percent of Total Federal Funding Available	
1	Stakeholder Meetings	152		
2	Broadband Conferences	0		
3	Staff Hires	0		
4	Contract Executions	0		
5	Governance Meetings	2		
6	Education and Outreach	938		
7	Subrecipient Agreement Executed	0		
8	Phase 2 - Coverage	4		
9	Phase 2 - Users and Their Operational Areas	4		
10	Phase 2 - Capacity Planning	4		
11	Phase 2 - Current Providers/Procurement	4		
12	Phase 2 - State Plan Decision	2		
<b>11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.</b>				
<p>Stakeholder Meetings - In Q9 we hosted our initial consultation meeting (27), had two sets of four regional coverage priorities/phased buildout meetings (114), and had two tribal meetings(11), all totalling 152 stakeholders reached in meetings.</p> <p>Broadband Conferences - We did not attend any broadband conferences this quarter.</p> <p>Governance Meetings - Our SIEC has elected Mike Ressler, ND's SPOC, as the Chair. He has now requested the governing body meet every month. We presented a governance review report and recommendations to the SIEC. Several recommendations are being considered and will be discussed further at the next meeting on 11/2/2015.</p>				
<b>11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.</b>				
We have submitted clarifications and revisions to our Phase 2 modification. We expect this budget to be officially approved in Q10.				
<b>11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.</b>				
We submitted the FirstNet requested data collection elements on September 30, and have had a follow up call to clarify this data with them on October 30. Minor revisions to this data are expected to be submitted the first week of November.				
<b>11d. Describe any success stories or best practices you have identified. Please be as specific as possible.</b>				
Our coverage/buildout priorities meetings went extremely well. We were able to take the original coverage priority data previously gathered from each state agency and county and aggregate that into a composite statewide view. From there the stakeholders were asked to identify their priorities for a phased buildout based on a matrix of possible priorities. Through this process, we were able to create a statewide, standardized view of a phased buildout.				
<b>12. Personnel</b>				

**12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.**

The project is fully staffed.

**12b. Staffing Table**

Job Title	FTE%	Project (s) Assigned	Change
Program Manager	50	Development of program activities and oversight of Subcontractors	No Change
Project Sponsor	2	Oversight of Program Manager and Subrecipient, steering of project	No Change
CIO	1	Oversight of project, interface with Governor's Office	No Change
CFO	0	Oversight of financial planning, tracking, and reporting practices	No Change
Accountant	0	Execution of financial tracking, and reporting practices	No Change
Project Management Specialist	0	Development of project management methodology	No Change
Procurement Officer	0	Develop, implement, and oversight of contract for subrecipient services	No Change

**13. Subcontracts (Vendors and/or Subrecipients)**

**13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the "Subcontracts Total" in Question 14f.**

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Televate, LLC	SLIGP Support	Vendor	Y	Y	10/15/13	10/14/16	\$539,753	N/A

**13b. Describe any challenges encountered with vendors and/or subrecipients.**

None.

**14. Budget Worksheet**

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$105,740.00	\$75,444.00	\$181,184.00	\$55,284.35	\$41,593.48	\$96,877.83
b. Personnel Fringe Benefits	\$34,894.00	\$24,897.00	\$59,791.00	\$18,850.17	\$18,142.55	\$36,992.72
c. Travel	\$157,972.00	\$7,399.00	\$165,371.00	\$33,407.10	\$795.96	\$34,203.06
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$22,563.00	\$0.00	\$22,563.00	\$8.00	\$0.00	\$8.00
f. Subcontracts Total	\$796,286.00	\$70,000.00	\$866,286.00	\$283,602.33	\$0.00	\$283,602.33
g. Other	\$50,520.00	\$114,254.00	\$164,774.00	\$2,610.45	\$210,096.43	\$212,706.88
h. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Costs	\$1,167,975.00	\$291,994.00	\$1,459,969.00	\$393,762.40	\$270,628.42	\$664,390.82
j. % of Total	80%	20%	100%	59%	41%	100%

**15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.**

<b>16a. Typed or printed name and title of Authorized Certifying Official:</b>		<b>16c. Telephone (area code, number, and extension)</b>	701.328.1125
Travis Durick, Program Manager		<b>16d. Email Address:</b>	tdurick@nd.gov
<b>16b. Signature of Authorized Certifying Official:</b>		<b>Date:</b>	10/30/15